

# **IOWA Single Contact Repository**



## **Request For Access/Billing Account**

I am requesting access to SING (Single Contact Repository) in order to access information about potential employees and clients. Use of this id is in compliance of all regulations regarding access to information contained in the databases and I am eligible to perform background checks on the individuals. I understand a billing account is required to obtain access to SING and there will be a fee of \$12 for each transaction performed. A Memorandum Of Understanding (MOU) stating you have obtained a waiver from the applicant must be on file with DCI to receive information according to Chapter 692.2, Code of Iowa. Without a memorandum on file, DCI is restricted in the information that is released.

NI.							
Name: (Organization)							
Contact Person:							
Email Address:							
Address: Street							
	City, State Zip						
Phone Number:							
`	(Area code first)						
Fax Nu (Area c	mber: ode first)						
Billing	Account request through	the Iowa Division o	f Criminal Investigation				
	We are submitting a \$200 paid account and will repl	(minimum) check, p enish the account as to: Iowa Division	ayable to Iowa Division on necessary  of Criminal Investigation	f Criminal Investigation, to establish a pre- n, Attn. Jaime Fisher, 215 E. 7 <sup>th</sup> Street,			
	We opt to establish an acc	ount using a credit ca	ard (MasterCard, Visa o	· Discover only)			
	Our agency will submit a \$200 (minimum) credit card payment on SING to establish a pre-paid account and will replenish the account as necessary						
	Our agency wil	l provide a credit car	d number on SING each t	ime a search is requested			
	Iowa criminal history re	turned results:					
When doing your Iowa criminal history record checks on SING, if further research is required for an individual, the request goes into a queue where DCI researches it further and sends the final result to the customer. Please choose how you would like the results returned to you:							
	FAX		MAIL				
	this form to the attention o ogy Enterprise, Hoover Bu			t. of Administrative Services, Information or fax to 515-281-6137.			
To be c	ompleted by ITE/DCI only						
ID		Group					
MOU o	on file / returned						
Accour	nt Number	Payment	Results				

DAS

Government's Partner in Achieving Results

Ray Walton, Director

April, 2010

Dear Child Care Center/Preschool,

You currently perform Iowa record check searches on potential employees by sending them to DHS. You now have the opportunity to perform these Iowa Criminal History, Sex Offender, and Child Abuse Registry searches online and receive an immediate response from the data bases searched.

The Single Contact Repository (SING) provides Internet access to Iowa Criminal History and Sex Offender Registry information held by the Dept. of Public Safety / Division of Criminal Investigation (DCI) and Department of Human Services' Child Abuse Registry. This Internet access will give an immediate response to your search, indicating if a possible match is found or not. If no match is found, your search is completed. If there is a possible match, a request is submitted on your behalf to DCI staff to perform a more detailed search and return the results to you. For Child Abuse Registry, additional contact with Department of Human Services will be necessary.

Whenever a Criminal History search is made through the DCI, there is a fee associated with providing the information. Currently Criminal History and Child Abuse Registry checks via SING are \$12.00, and will increase to \$15.00 starting July 1, 2010. A second request by maiden name can be included in this transaction at no additional charge. Fees for background searches conducted online are payable from your account established with DCI.

A waiver is required in order to receive deferred judgments and open arrests older than 18 months that have not had a disposition. DCI has created a Memorandum of Understanding (MOU) that you need to sign to indicate that you have a waiver signed by the individual on file. The MOU should be returned with your SING packet.

Child abuse information is confidential and may not be re-disseminated. To access abuse information to complete an employee background check, it is necessary for all persons in your agency who will be accessing child information electronically to sign a copy of the enclosed Non-Redissemination Agreement.

In signing the Agreement, each employee who will be using the Single Contact Repository, is agreeing to abide by the laws of redissemination of child adult abuse, established in Iowa Code, Sections 235A.17 and 235B.8; and will be subject to criminal penalties as set forth in Iowa Code, Sections 235A.21 and 235B.12.

In signing the Agreement your agency is agreeing to have copies on file of all Agreements signed by employees who will be accessing child abuse information. A copy of the Agreement signed by the Administrator of the agency or facility must be sent to Department of Human Services. A copy must be posted within sight of the electronic information system work area.

Please have every employee who will be using the electronic information system sign a copy of the enclosed Agreement and then;

- File a copy of each employee's Agreement in your records;
- Post a copy of the Agreement signed by the Administrator within sight of the information system and;
- Send a copy of the Agreement signed by the Administrator with the rest of your SING packets. DAS will
  forward the copy to DHS.

Enclosed in this packet are the forms and information you will need to receive an id and password to use SING, and to establish an account to do all these searches. If you are interested in using the Single Contact Repository, return **all** forms to Nancy Loghry, SING Administrator, Dept. of Administrative Services / Information Technology Enterprise, Hoover Building Level B, Des Moines, IA 50319-0141 or fax to Nancy at 515/281-6137. For further information regarding the billing account, please contact Jaime Fisher, Iowa Division of Criminal Investigation, at 515-725-6070.

Instructions on how to use SING will be returned to you along with your ID and password.

### MEMORANDUM OF UNDERSTANDING (MOU)

As a condition of electronically accessing criminal history information from the Division of Criminal Investigation (DCI), our agency agrees to obtain a specific waiver from the subject of the record check before conducting a criminal history record inquiry. This waiver will clearly indicate that the subject grants our agency permission to conduct a state of Iowa criminal history record check through the DCI. We agree to keep this waiver on file and to allow DCI personnel to view this waiver upon request. We understand that this waiver will allow our agency to receive any criminal history information maintained by the DCI as allowed under Chapter 692.2 of the Iowa Code. We understand that without a signed waiver on file, there may be certain criminal history information that cannot be received by law.

ACCOUNT#:		
Typed/Printed Nan	ne of Authorized Agency Personnel	
Signature of Autho	orized Agency Personnel	
Date:		

#### Iowa Department of Human Services

#### NON-REDISSEMINATION AGREEMENT

As a condition of electronically accessing child and dependent adult abuse information from the Internet Single Contact Repository, our agency agrees to abide by the laws of Redissemination of child and dependent adult abuse information before conducting a child or dependent adult abuse history record check. We have access to this information under Iowa Code section 235A.15, for child abuse, and Iowa Code section 235B.6, for dependent adult abuse.

Our signature on this agreement indicates that our agency understands and agrees to the legal provisions for handling child and dependent adult abuse information established in Iowa Code sections 235A.17 and 235B.8, and is subject to the criminal penalties as set forth in Iowa Code sections 235A.21 and 235B.12.

#### Redissemination of Child and Dependent Adult Abuse Information (Iowa Code 235A.17 and 235B.8).

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) information, except that redissemination is permitted when ALL of the following conditions apply:

- The redissemination is for official purposes in connection with prescribed duties, or in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 and 235B.6.
- A written record is made of the Redissemination, including the name of the recipient and the date and purpose of the redissemination.
- The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretense, or
- Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person, except in accordance with Iowa Code sections 235A.15, 235A.17, 235.B.6, and 235B.8, or
- Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000, by imprisonment for not more than two years, or by both fine and imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information (except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6 and 235B.8) shall for each such offense be fined not more than \$100 or be imprisoned not more than ten days.

Any reasonable grounds for belief that a person has violated any provision of Iowa Coded Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person or agency might otherwise have to child or dependent adult abuse information.

#### **Conditions of Agreement**

We agree to have every employee who will have access to child and dependent adult abuse electronic information sign a copy of the *Non-Redissemination Agreement and* keep it in a file at this facility or agency to allow the licensure agency personnel to view this agreement on request

The agreement signed by the administrator of the agency or facility will be sent to the Department of Human Services, Central Abuse Registry, Hoover State Office Bldg., 5<sup>th</sup> Floor, Des Moines, IA 50319-0114, and a copy will be posted within sight of the electronic information system work area.

We understand that this agreement will allow our agency or facility to receive any child or dependent adult abuse information maintained by the DHS as allowed under Chapter 235A and 235B of the Iowa Code. We understand that without a signed agreement on file our agency or facility will not have access to child and dependent adult abuse information.

Name of Facility or Agency	Account No.				
Administrator (type or print name)					
Signature of Administrator					